



# Iowa Oral Health Surveillance Plan

September 2025

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# Acknowledgements

**Suggested Citation:**

Iowa Department of Health and Human Services. Family Health Bureau, Oral Health Section. *2025 Iowa Oral Health Surveillance Plan*. Des Moines: Iowa Dept. of Health and Human Services, 2025.

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## List of Acronyms

AAPHD .....	American Association of Public Health Dentistry
ASTDD .....	Association of State and Territorial Dental Directors
BRFSS .....	Behavioral Risk Factor Surveillance System
BSS .....	(ASTDD) Basis Screening Survey
CDC .....	Centers for Disease Control and Prevention
CHIP .....	Children's Health Insurance Program
CMS .....	Centers for Medicare & Medicaid Services
CMS 416 .....	Centers for Medicare and Medicaid Services (report on EPSDT services)
CSTE .....	Council of State and Territorial Epidemiologists
EPHS .....	Essential Public Health Services
EPSDT ..	Early and Periodic Screening, Diagnosis and Treatment (Medicaid services for children)
FFY .....	Federal Fiscal Year
FQHC .....	Federally Qualified Health Center
HIPAA .....	Health Insurance Portability and Accountability Act
HRSA .....	Health Resources and Services Administration
IBS .....	Iowa Barriers to Prenatal Care Survey
ICR .....	Iowa Cancer Registry
IHA-OP .....	Iowa Hospital Association – Outpatient
IM .....	Bureau of Information Management
MCAH .....	Maternal, Child and Adolescent Health
MWF .....	My Water's Fluoride
NSCH .....	National Survey of Children's Health
OH .....	Oral Health
OHSS .....	Oral Health Surveillance System
OSCEP .....	Office of Statewide Clinical Education Programs
PHS .....	Public Health Supervision
PRAMS .....	Pregnancy Risk Assessment and Monitoring System
SBSP .....	School-Based Sealant Program
SFY .....	State Fiscal Year
UDS .....	Uniform Data System
UW .....	University of Wisconsin
WFRS .....	Water Fluoridation Reporting System
WIC .....	Special Supplemental Nutrition Program for Women, Infants, and Children
YRBSS .....	Youth Risk Behavior Surveillance System

# Iowa's Oral Health Surveillance Plan

## Introduction

Data is fundamental to understanding, planning, and evaluating public health programs. The Bureau of Family Health, Oral Health Section (OH) within the Iowa Department of Health and Human Services (Iowa HHS) has created an Oral Health Surveillance Systems (OHSS) to provide information about all data available on the oral health of Iowans and how it is disseminated and used to improve oral health. A surveillance program was in place for many years with minimal data and limited support from a shared Iowa HHS statistician position. Surveillance activities continued to grow with the addition of new programs (e.g., Title V Maternal, Child and Adolescent Health, I-Smile, I-Smile @ School, I-Smile Silver) and became more robust with Centers for Disease Control and Prevention (CDC) grant funding in 2013. This allowed Iowa HHS to hire a full-time (1.0 FTE) Epidemiologist, with the position split 60% to OH and 40% to Maternal Health programs, both within Iowa HHS.

With the hire of the OH Epidemiologist, the surveillance program expanded, resulting in a surveillance plan, a Burden of Disease report, and more confident implementation of Basic Screening Surveys (BSS). Iowa monitors statewide surveillance measures such as:

- Receiving a preventive dental visit within the last 12 months for:
  - Children (National Survey of Children's Health)
  - Pregnant women (Pregnancy Risk Assessment Monitoring System (PRAMS))
- Oral health status measures among various age groups including:
  - Children (Statewide Oral Health Surveys) and
  - Pregnant women (PRAMS)
- Oral health care among groups such as children enrolled in Iowa Medicaid (Medicaid)
- Oral and pharyngeal cancer incidence and mortality (Iowa Cancer Registry)

## Purpose

Iowa's OHSS aims to provide a consistent source of updated reliable and valid information for use in developing, implementing and evaluating programs and informing policy to improve the oral health of people living in Iowa. As identified by the Ten Essential Public Health Services (CDC, 2020), assessment is a key objective of Iowa's public health efforts to understand the nature and extent of oral diseases and their risk factors. This is achieved by collecting and analyzing (EPHS 1), interpreting (EPHS 2), and disseminating (EPHS 3) oral health data.<sup>1</sup> These activities provide a mechanism to routinely monitor oral health data and the impact of interventions within specific priority populations over time. Continual assessment and evaluation support development of oral health programs and policies, making up the surveillance system, a critical component of the oral health program.

Access to dental care is important for Iowans of all ages. However, children aged two and younger, particularly those who are uninsured or enrolled in Medicaid, are a priority. While 27% of all Iowans are enrolled in Medicaid, the proportion is significantly higher among younger age groups: 46% of Iowans aged 20 or younger; 61% of children aged five and

younger; and 71% of children aged two and younger.<sup>2,3</sup> Despite this high level of enrollment, access to dental care remains low, especially among young children. In 2024 only 15% of Medicaid-enrolled children aged two and younger saw a dentist for any type of dental care, compared to 39% of Medicaid-enrolled children aged 20 and younger.<sup>3</sup>

Disparities in dental care access are also evident among pregnant women. Among those with a Medicaid-reimbursed birth, just 12% had a dental visit during pregnancy.<sup>4</sup>

## Objectives

1. Estimate the extent and severity of oral disease and risk factors in Iowa.
2. Measure utilization of oral health services in Iowa.
3. Monitor utilization and effectiveness of community-based and school-based oral health prevention programs.
4. Identify populations at high risk of oral disease and the unmet needs of these populations.
5. Provide current, scientific and reliable data for the state.
6. Use oral health data to plan, implement and evaluate the impact of Iowa's oral health programs and policies.
7. Provide information for decision-making and public health resource allocations.
8. Evaluate Iowa's strengths and gaps in surveillance measurements and in surveillance of priority populations and identify opportunities to improve the OHSS.

## Oral Health Indicators

The indicators that form the framework of Iowa's OHSS include the full set of indicators covering oral health outcomes, access to care, intervention strategies, and oral health workforce and infrastructure across the lifespan (children, pregnant women, adults, older adults). For a public health surveillance system to be effective and responsive, it must adapt to new health challenges and data sources. As a result, the indicators included in the OHSS may change. The indicators currently included in the OHSS are outlined in Table 1. Refer to the Appendix for a list of the indicators with their data sources.

Table 1: Iowa Oral Health Surveillance Indicators

Population	Indicators	Data Sources	Frequency of Data Collection	Most Recent Year that Data are Available
Core Indicators				
Children	Prevalence of caries experience, untreated tooth decay, and dental sealants among 3 <sup>rd</sup> grade students	Third-Grade BSS	Every 3–5 years	2022-2023 (School Year)
	Percent of Medicaid and CHIP enrolled children who received dental services (any dental services, preventive services, or dental sealants) in the past year	<a href="#">Centers for Medicare &amp; Medicaid Services (CMS)'s CMS-416 Form</a>	Annually	2024 (Federal Fiscal Year)
	Percent of children who had a dental visit or preventive dental visit in the past year	<a href="#">National Survey of Children's Health (NSCH)</a>	Every 1-2 years	2023 (Calendar Year)
Adults	Permanent tooth loss among adults	<a href="#">Behavioral Risk Factor Surveillance System (BRFSS)</a>	Every 2 years (Even Years)	2022 (Calendar Year)
	Percent of adults who had a dental visit in the past year	Note: Percent of adults with diabetes with a dental visit is a Chronic Disease Indicator (CDI) and posted on <a href="#">CDI website</a> every 2 years.	Every 2 years (Even Years)	2022 (Calendar Year)
	Percent of adults with a selected chronic disease(s) or risk factor(s) who had a dental visit in the past year		Every 2 years (Even Years)	2022 (Calendar Year)
All ages	Oral and pharyngeal cancer incidence mortality	<a href="#">Iowa Cancer Registry (ICR)</a>	Annually	2019 (Calendar Year)
	Fluoridation status of community water systems	<a href="#">WFRS or My Water's Fluoride</a>	Annually	2024 (Calendar Year)
	Data on state oral health programs, workforce, and infrastructure	<a href="#">OSCEP (Number of dental professionals)</a>	Annually	2022 (State Fiscal Year)
		<a href="#">HRSA (Dental Health Professional Shortage Areas)</a>	Annually	2023 (Federal Fiscal Year)
		<a href="#">UDS (Number of safety net dental clinics)</a>	Annually	2022 (Calendar Year)
Additional Indicators				
Children	Average dental cost per Medicaid-enrolled child	Medicaid Paid Claims	Annually	2024 (State Fiscal Year)

	Percent of Medicaid-enrolled children that received a dental service from a (1) Dentist; (2) Federally Qualified Health Center (FQHC); and/or (3) Title V		Annually	2024 (State Fiscal Year)
	Number of Medicaid-enrolled children 0-5 years provided fluoride varnish by a medical provider		Annually	2024 (State Fiscal Year)
	Percent of Medicaid-enrolled children who received (1) any dental service; (2) any oral health service; and (3) any dental or oral health service	<a href="#">CMS 416</a>	Annually	2023 (Federal Fiscal Year)
	Percent of children with excellent/very good oral condition	<a href="#">National Survey of Children's Health</a>	Every 1-2 years	2023 (Calendar Year)
	Percent of kindergarteners and 9 <sup>th</sup> graders with urgent or routine treatment needs	<a href="#">School Dental Screening Audits</a>	Annually	2023-2024 (School Year)
	Percent of high school students with a dental visit in the previous year	<a href="#">YRBSS</a>	Varies (biannually)	2021 (School Year)
	Number of children screened and referred through I-Smile	<a href="#">Iowa Connected</a>	Monthly (15 <sup>th</sup> )	2024 (State Fiscal Year)
	Percent of children provided care coordination through I-Smile who either had a direct service or received an inform complete		Annually	2024 (Federal Fiscal Year)
	Number of children (1) screened; and (2) sealed through I-Smile @ School		Monthly (15 <sup>th</sup> )	2024 (School Year)
	Number of dental services funded by Title V vouchers		Quarterly	2024 (Federal Fiscal Year)
	Incidence of preventable oral health related emergency department visits among Iowa children	<a href="#">Iowa Hospital Association - Outpatient Data</a>	Annually	2024 (Calendar Year)
Pregnant Women	Percent of pregnant women who had their teeth cleaned during pregnancy	<a href="#">Pregnancy Risk Factor Surveillance System (PRAMS)</a>	Annually	2023 (Calendar Year)
	Barriers to receiving dental care during pregnancy	<a href="#">Pregnancy Risk Assessment Monitoring System (PRAMS)</a>	Annually	2023 (Calendar Year)



		<a href="#">Iowa Barriers to Prenatal Care Survey (IBS)</a>	Every 2 Years (Odd Years)	2023 (Calendar Year)
	Percent of pregnant women who experienced dental problems during pregnancy	<a href="#">Iowa Barriers to Prenatal Care Survey (IBS)</a>	Every 2 Years (Odd Years)	2023 (Calendar Year)
	Percent of pregnant women who received information about oral health during prenatal care		Every 2 Years (Odd Years)	2023 (Calendar Year)
	Number of pregnant women screened and referred through I-Smile	<a href="#">Iowa Connected</a>	Monthly (15 <sup>th</sup> )	2024 (State Fiscal Year)
Adults	Number of adults screened and referred through I-Smile Silver	<a href="#">Iowa Connected</a>	Monthly (1 <sup>st</sup> )	2024 (Grant Year (11/17-11/16))
	Percent of Medicaid-enrolled adults that received a (1) dental screening; and (2) preventive service from a dentist	Medicaid Paid Claims	Annually	2024 (State Fiscal Year)
	Incidence of preventable oral health related emergency department visits among Iowa adults	<a href="#">Iowa Hospital Association - Outpatient Data</a>	Annually	2024 (Calendar Year)
	Percent of adults (18+ years) with diabetes who had a dental visit in the past year	<a href="#">Behavioral Risk Factor Surveillance System (BRFSS)</a>	Every 2 Years (Even Years)	2022 (Calendar Year)
	Percent of adults with diabetes who have any tooth loss or severe tooth loss (6 or more teeth)		Every 2 Years (Even Years)	2022 (Calendar Year)
Older Adults	Percent of congregate meal site members with history of and active decay	Basic Screening Survey	Every 3-5 Years	2017 (Calendar Year)
	Percent of Medicaid-enrolled older adults (60+) that received a (1) dental screening; and (2) preventive service from a dentist	Medicaid Paid Claims	Annually	2024 (State Fiscal Year)
	Permanent tooth loss among adults 65+ years (6 teeth and edentulism)	<a href="#">Behavioral Risk Factor Surveillance System (BRFSS)</a>	Every 2 Years (Even Years)	2022 (Calendar Year)
	Percent of adults 65+ years with diabetes who have complete tooth loss		Every 2 Years (Even Years)	2022 (Calendar Year)
All ages	Dentists per population	<a href="#">County Health Rankings</a>	Annually	2022 (Calendar Year)
	Number of direct services provided through Public Health Supervision agreements	Iowa HHS data	Annually	2024 (Calendar Year)

## Data Dissemination and Use

The dissemination plan for the Oral Health Surveillance System data includes key reports that are shared with interested programs and policy makers at the local, state and national level through presentations, published reports, infographics or fact sheets and briefs. These materials are used to increase awareness about oral diseases and their risk factors, monitor trends and disparities, develop new interventions, and expand existing programs.

Reports contain current oral health data and trend data as available. Selected findings are used for brief fact sheets, highlighting important information. The fact sheets, along with links to the full reports, are distributed electronically to our partners within the health department, across the state, and with other state oral health programs as well as the Centers for Disease Control and Prevention and Association of State and Territorial Dental Directors (ASTDD). Fact sheets and full reports are available electronically on the state website and, as funds allow, a limited number are printed for distribution.

Venues for presentation of surveillance results include but are not limited to:

- Oral Health Iowa Coalition meetings
- Quarterly I-Smile coordinator meetings
- Annual I-Smile @ School (SBSP) meetings
- Quarterly I-Smile Silver (adults) coordinator meetings
- ASTDD/American Association of Public Health Dentistry (AAPHD) co-sponsored National Oral Health Conference
- Council of State and Territorial Epidemiologists (CSTE) annual meeting
- Association of Maternal and Child Health Programs (AMCHP) Conference
- MCAH contractor annual meetings

## Resources and Sustainability

Key partners are involved in many elements of the Iowa OHSS through collecting data, sharing and analyzing data, identifying issues of greatest concern, and setting values or standards. Stakeholders in the surveillance program include:

- National:
  - Centers for Disease Control and Prevention
  - Association of State and Territorial Dental Directors (ASTDD)
  - Health Resources and Services Administration (HRSA)
- State (external):
  - Delta Dental of Iowa Foundation (DDIAF)
  - Local program contractors
  - Iowa Hospital Association (IHA)
  - Iowa Department of Education
  - Iowa Head Start Association
- State stakeholders (internal):
  - Medicaid Division
  - Bureaus of:

- Chronic, Congenital, and Inherited Conditions
- Data Privacy and Strategy
- Family Health
- Nutrition and Physical Activity

The CDC and ASTDD set the values and standards to be met by Iowa's OHSS and assist in filling in the gaps of the OHSS when there are uncertainty or vacancies. Iowa Medicaid, the Iowa HHS Bureaus of Family Health and Data Privacy and Strategy, and the IHA either provide data to the OHSS through aggregate request or collect it on the behalf of Iowa HHS. ASTDD provides statistical and evaluation support, including Basic Screening Surveys and evaluation reports. Local program contractors collect survey and program data on behalf of the OHSS through MCAH contracts. Finally, the Iowa HHS Bureau of Data Privacy and Strategy aids the OHSS in data sharing laws and processes through confidentiality and security policies.

### **Privacy and Confidentiality**

The Iowa OHSS follows Health Insurance Portability and Accountability Act (HIPAA) standards for patient privacy and protected health information. The system limits identifiers collected to only essential data elements, and the data are stored on a secure, private, electronic server at the Iowa Department of Health and Human Services. Unique identifiers can only be seen by health department staff that have been trained on HIPAA, data security and confidentiality. Unique identifiers will never be released to external partners and aggregate data will never be reported for counts less than six. The OHSS abides by the [Iowa HHS Confidentiality Policy](#), informed and guided by the Bureau of Data Privacy and Strategy.

## References

<sup>1</sup>Centers for Disease Control and Prevention. (2020). *The 10 Essential Public Health Services*. <https://www.cdc.gov/public-health-gateway/php/about/index.html>

<sup>2</sup>Census, 2023

<sup>3</sup>Iowa Medicaid Paid Claims, 2024

<sup>4</sup>Iowa Department of Health and Human Services, Division of Public Health. *Selected indicators to monitor maternal and newborn access to care among Iowa resident births by Medicaid status, 2020 through 2024*. 2024.

## Appendix – Iowa OHSS Indicators by Data Source

Source	Owner	Population	Sub-Populations	Description	Methods	Frequency	Primary Indicators
Basic Screening Survey: Third Grade	Iowa HHS: Oral Health	Iowa 3rd Graders	Race/ethnicity, urbanity, gender, payor	Gathers data on the presence of sealants, untreated decay, and arrested decay for children in 3rd grade. Information is also gathered on insurance status and dental visit frequency.	This Basic Screening Survey is based on the ASTDD basic screening survey tool for an open mouth screening. A stratified-random-sample is used to select elementary schools across Iowa by MCAH region to collect a representative sample.	Every 3-5 years	<div>Untreated decay</div> <div>Sealant experience (permanent molars)</div> <div>Decay experience</div> <div>History of decay</div>
Basic Screening Survey: Head Start	Iowa HHS: Oral Health	Iowa Head Start enrollees	Race/ethnicity, urbanity, gender, age, payor	Gathers data on the presence of demineralization, untreated decay, and arrested decay for children enrolled in Head Start ages 3-5. Information is also gathered on insurance status and dental visit frequency.	This Basic Screening Survey is based on the ASTDD basic screening survey tool for an open mouth screening. Children enrolled in Head Start are screened through regular program activities.	Every 3-5 years	<div>Untreated decay</div> <div>Demineralization</div> <div>Decay experience</div> <div>History of decay</div>
Basic Screening Survey: Older Adults	Iowa HHS: Oral Health	Iowa adults 60+ participating in congregate meal sites	Race/ethnicity, urbanity, gender, age, insurance status	Gathers data on the presence of untreated decay, root fragments, and need of periodontal care for adults participating in	This Basic Screening Survey is based on the ASTDD basic screening survey tool	Every 3-5 years	<div>Untreated decay</div> <div>Root fragment experience</div>

congregate meals ages 60+. Information is also gathered on insurance status and dental visit frequency.

for an open mouth screening. A stratified-random-sample is used to select congregate meal sites across Iowa by Area Agencies on Aging region to collect a representative sample.

Edentulous

Need for periodontal care

Oral Health Survey: WIC enrollees	Iowa HHS: Oral Health	Iowa WIC-enrolled children (ages 1-4)	Race/ethnicity, urbanity, gender, age, payor	Gathers data on the presence of demineralization, untreated decay, and arrested decay for children enrolled in WIC under 5 years old. Information is also gathered on insurance status and dental visit frequency.	Using the ASTDD screening tool for an open mouth survey, children enrolled in WIC ages 1-4 are screened through regular program activities.	Every 3-5 years	Untreated decay Demineralization Decay experience History of decay
Behavioral Risk Factor Surveillance System (BRFSS)	Iowa HHS: Performance	Iowa adults 18+	Race/ethnicity, Public Health Region, gender, age, education	The BRFSS surveys adults in Iowa and every other year contains questions about the last dental visit and the number of teeth missing. OHDS had state-added barriers to dentist questions in both 2015 and 2020.	The BRFSS is a large telephone-based survey that is weighted to be nationally and state representative and has included 7,000-8,000 adults in recent years. Oral health data are collected in even years.	Even years	Dental visit within the past year Tooth loss (any, severe, or total) Dental visit within the past year among those with/without diabetes
CMS 416 (EPSDT)	Iowa Medicaid (Centers for Medicaid and	Children (0-20) enrolled in Iowa	Age, county	The CMS 416 report provides information on participation in the Medicaid EPSDT	Paid claims. These data are reported annually by Federal	Annual (April)	Any dental Preventive dental visit rate

	Medicare Services)	Medicaid benefits.		program. This includes the number and percent of children who have received any dental service from a dental or non-dental provider, and any preventive dental service from a dentist, with data by county and age group (1-20, 0-20, 1-5, 0-14).	Fiscal Year (Oct - Sept)		Any oral health service
							Any dental or oral health service
County Health Rankings	UW Population Health Institute	Iowans	County	Offers data and information around health behaviors, outcomes, and access to health services, including the population to dentist ratio.	Data reported by calendar year.	Annual (January)	Dentists per 100,000 population
Iowa Barriers to Prenatal Care Survey (IBS)	University of Northern Iowa on behalf of Iowa HHS	Postpartum women	Race/ethnicity, urbanity, age, education, income	Iowa Barriers to Prenatal Care is a large-scale survey of women upon discharge from the hospital after giving birth, collecting information on behaviors, access, and beliefs before and during pregnancy, and plans for these after pregnancy.	Every woman delivering in Iowa is given an Iowa Barriers to Prenatal Care survey and is completed by nearly half of all women who give birth in the state. It is not representative of the Iowa birth population because of underrepresentation of many at-risk groups. An oral health module is included on odd years.	Odd years (July)	Dental visit during pregnancy rate Reasons for not visiting the dentist during pregnancy Dental problems experienced during pregnancy Received information about oral health during prenatal care

Iowa Cancer Registry (ICR)	State Health Registry of Iowa	Iowans	Age, sex	The State Health Registry of Iowa is a population-based cancer registry that collects and reports cancer incidence, survival, and mortality among Iowans.	3-year delay	Annual (September)	Oral cavity and pharynx cancer incidence
							Oral cavity and pharynx cancer mortality
Iowa Hospital Data: Outpatient (IHA-OP)	Iowa Hospital Association on behalf of Iowa HHS	Iowans	Age, sex, county, race/ethnicity, expected payor	The hospitalization dataset provides data on all hospitalizations in the state of Iowa, including demographics and diagnosis code. The Oral Health Center worked with information management staff to add oral health related emergency room visits and hospital visits, by county, year and age, to the Iowa Public Health Tracking Portal's interactive visualizations.	Collected by the Iowa Hospital Association on behalf of Iowa HHS per Iowa Legislative Code. Data is collected from all Iowa Hospitals and can include Iowans receiving care from neighboring state hospitals.	Annual (April)	Oral health related Emergency Department visit rate
							Oral health related Inpatient rate
							Preventable dental diagnoses outpatient rate
Iowa Medicaid Paid Claims	Iowa Medicaid	Medicaid-enrolled Iowans	Age, county, race/ethnicity	Data is requested from Iowa Medicaid around services by provider type, cost per beneficiary, and Medicaid-enrolled providers who billed Medicaid. All data is presented from the previous State Fiscal Year (SFY). Data for	Paid claims. These data are reported annually by State Fiscal Year (July - June)	Annual (December)	Dentist visit rate
							FQHC visit rate
							Title V visit rate
							Average cost per beneficiary
							Fluoride varnish applications by



children is available at Iowa HHS from 2005 and 2010-present; data for adults is available at Iowa HHS starting in 2019.

medical providers among 0-3

Iowa Primary Care Office	Iowa HHS: Rural Health and Primary Care	Iowa primary care, dental, and mental health providers	County	Dental HPSAs are designated by HRSA and may be geographic (county or service area), demographic (low income or Medicaid population) or institutional (comprehensive health center, FQHC or other public facility).	Data reported by calendar year.	Unknown	Dentists per population ratio (Dental Professional Shortage Areas)
National Survey of Children's Health	Health Resources and Services Administration (HRSA)	Children 1-17 years	Age, gender, race/ethnicity, state	Gathers information about the health status and demographics of school aged children. Data is available at the national and state level. The survey includes oral health questions about dental visits and dental problems.	A telephone survey funded and directed by HRSA. The survey was initiated in 2003, and modified methods to annual collection in 2016.	Annual (December)	NPM 13.2: Percent of children aged 1-17 with a dental visit in the past 12 months Condition of teeth (excellent/very good)
Office of Statewide Clinical Education Programs (OSCEP)	University of Iowa, Office of Statewide Clinical Education Programs	Iowa dentists	Age, gender, worksite, education, county	The OSCEP tracking system collects data on Iowa's major health professionals, including dentists. Data includes the number, demographics and work trends (e.g. days worked per week) of Iowa dentists.	Data reported by calendar year.	Ongoing	Number of dentists

Pregnancy Risk Assessment Monitoring System (PRAMS)	Iowa HHS: Maternal Health	Postpartum women	Age, urbanity, race/ethnicity, education, poverty level, insurance	Collects information on the health status, behaviors, beliefs, and access to health services of postpartum mothers before, during, and after pregnancy.	PRAMS is a randomized survey of Iowa mothers and cannot be used for sub-state analysis; however, is representative of the Iowa birth population. In-depth analysis of African American and Hispanic women is possible due to oversampling. Collection began in 2013 (phase 7).	Annual (September)	<u>NPM 13.1: Percent of pregnant women with a dental visit during pregnancy rate</u> <u>Dental visit before pregnancy rate</u> <u>Barriers to getting a dental visit rate</u>
Public Health Supervision (PHS)	Iowa HHS: Oral Health	Registered Dental Hygienists providing public health services	County	Collects information on services provided by dental hygienists under public health supervision.	Dental hygienists are required to submit information about the services they provide in public health settings. The data is split into children aged 0-20 and 21 and older.	Annual (January)	<u>Number of oral screenings</u> <u>Number of sealant applications</u> <u>Number fluoride varnish applications</u> <u>Number of prophylaxes</u> <u>Number of education services</u> <u>Number of Silver Diamine Fluoride applications</u> <u>Number of referrals</u>

School Dental Screening Audits	Iowa HHS: Oral Health	Kindergarten and 9th grade students	County, School, District	Every student entering Kindergarten and 9th grade in an accredited Iowa public or private school is required to provide proof of a dental screening. Data on basic oral health status (no obvious problems, requires dental care, requires urgent care) and screening provider type is available.	Dental screening data are collected through standardized forms submitted to schools, then reported to Iowa HHS. Data are compiled annually and aggregated by county.	Annual (June)	Requires urgent dental care rate
							Requires dental care rate
Iowa Connected	Iowa HHS: Family Health	Iowa Title V participants; Adult Oral Health Program participants	Age, sex, county, race/ethnicity, payor	Collects health-related services provided to children, adolescents, pregnant women, and all adults.	A secure web-based data system collects data from Title V contractors to monitor client needs and report provision of services. This system was initiated in June 2023, with data from past systems integrated. Adults were added beginning July 2018.	Ongoing	Number served
							Number screened
							Number provided care coordination
							Percent provided care coordination
Title V Dental Data Reports	Iowa HHS: Oral Health	Title V eligible children 0-20	Age, Title V Contractor	Collects dental services provided through Title V dental fund vouchers and funding used per quarter for the dental services provided.	Title V contractors complete dental data reports collecting the services and number of children by age that receive care from local dental providers paid through Title V dental vouchers.	Quarterly (FFY)	Number of children provided dental care using Title V Vouchers

Uniform Data System (UDS)	Health Resources and Services Administration (HRSA)	FQHC participants	Age, race/ethnicity, clinic	Provides information on services, costs, and patients of FQHCs.	Each year HRSA Health Center Program Awardees and Look-Alikes are required to report a core set of information, including data on patient demographics, services provided, clinical indicators, utilization rates, costs, and revenues.	Annual (January)	Number of safety net clinics
My Water's Fluoride (MWF)	Center for Disease Control and Prevention (CDC)	Users of community water systems	Water system, county	Provides rates of fluoridation among types of community water systems.	Water operators of adjusted water systems are required to submit water testing results to the Department of Natural Resources, who share these data with the Iowa Department of Public Health to be entered into WFRS. Data are reported on an annual year.	Annual (February)	Population with access to fluoridation  Population with access to optimal fluoridation
Youth Risk Behavioral Surveillance System (YRBSS)	Iowa HHS: Performance	High school students	Age, race/ethnicity, gender	Gathers information about the health risk behaviors contributing to leading causes of death and disability among youth and young adults.	YRBSS provides representative national and state data.	Odd years	Dental visit rate